

**DURABLE POWER OF ATTORNEY**  
**WITH GENERAL POWERS FOR ALL PURPOSES**

**KNOW ALL PERSONS BY THESE PRESENTS:** That I, **JUANITA DODSON**, a resident of the State of Mississippi, whose address is Briarcrest Nursing Home, 16056 Boundary Drive, Ashland, Mississippi, 38603, do hereby appoint **MALCOLM E. MANNING, III**, whose address is 3295 Marcia Louise Drive, Southaven, Mississippi, 38671, to act as my true and legal **ATTORNEY-IN-FACT UNDER the DURABLE POWER OF ATTORNEY LAW OF MISSISSIPPI** to act for me and in my name, place and stead as my agent **WITH GENERAL POWERS AND AUTHORITY** in all particulars **FOR ALL PURPOSES REGARDING, JUANITA DODSON**, and including, but not limited to the following purposes:

1. To manage business, property investments, financial and tax affairs related to any real and /or personal property held in the name of.
2. To authorize and arrange for the personal care, medical treatment and funeral arrangements for and in connection therewith to exercise general powers to do the following;
  1. **Financial Institution:** To open and close accounts in financial institutions, to endorse checks and other financial instruments on which I am a named payee; to write checks and to use them to pay for any of my bills, to make payments for services rendered to me, to make purchases for me; to make deposits or withdrawals from accounts; to have unlimited access as my deputy to any card, bill payment, custodial, trust or other service from a financial institution. Without limiting the foregoing this includes the following account(s):
  2. **Brokers and Transfer Agents:** To manage investments in securities; to open and close brokerage accounts; to buy and sell securities, mutual funds, commodities, foreign exchange, put and call options, long, short or on margin; to assign and deliver security certificates; and to deal with any dividend reinvestment, checking, bill payment, or credit card account for any securities or account(s) held in the name of **JUANITA DODSON**.
  3. **Insurance:** To act as my agent in all matters involving insurance, including Medicare and medical, hospitalization, liability, casualty or life insurance policies; annuity contracts and other insurance industry services; and to pay premiums, file claims and make proof of loss.
  4. **Mail and Transportation:** To receive registered, certified, and insured mail packages and communications; and to arrange for shipment of household

goods and property.

5. **Voting Rights:** To exercise voting rights and execute proxies respecting securities or membership in any condominium, tenant or subdivision association, savings and loan association, credit union, mutual insurance company, cooperative or other organization in which **JUANITA DODSON**.
6. **Lawsuits and Claims:** To initiate, defend and settle claims and lawsuits, including tax cases, prior to suit being filed or after litigation has commenced, including arbitration or other alternative disputes resolution proceedings; and to give releases from liability.
7. **Taxes:** To file any tax rendition, return, protest or claim for refund; to handle any notice of tax deficiency or audit and to agree to settlement; to make any election on my behalf in connection with any tax matter, to receive confidential information from any taxing authority; and to represent me before the Internal Revenue Service.
8. **Government Benefit:** To apply for any government insurance, welfare, Social Security, Medicare, civil service, military, forestry, agricultural or other benefit, pension, loan, grant or subsidy; to receive personal, confidential and medical information from any state or federal agency; and to sign any receipts, program agreements or documents.
9. **Successor Attorney-in-fact:** To appoint a successor attorneys-in-fact with general powers to act hereunder, including the power to appoint a successor, and from time to time to delegate any powers and authorities under this Durable Power of Attorney.
10. **Medical and Health Care Services:** To obtain and discontinue medical services for **JUANITA DODSON**, from health care providers, including examinations, X-ray, laboratory work, diagnosis, medication, surgery, hospitalization, convalescence and physical therapy; to obtain dental, vision and prosthesis devices; to consent or withdraw consent to any medical treatment recommendation; to receive reports and information respecting my physical and mental condition or medical treatment; to authorize an autopsy.
11. I hereby give and grant to my said attorney full power and authority to do and perform all and every act and thing whatsoever necessary in order to fully carry out and effectuate the authority above granted, or fully to all intents and purposes as I might or could do if personally present or personally active, and I hereby ratify and confirm all that my said attorney may do pursuant to this power.
12. I hereby direct that, to the extent authorized or permitted by applicable law, this power of attorney shall not be affected by my disability or incapacity. It is my

intent that the authority conferred hereby shall, be exercisable notwithstanding my disability or incapacity and that this power of attorney shall, if permitted by applicable law, be what is sometimes referred to as a "durable" power of attorney. In the event applicable law in effect at or any time after the execution of this instrument does not authorize or permit the foregoing direction to be effective, and if at any later date, prior to the revocation of this instrument by a writing executed by me, applicable law changes (whether by amendment, Court decision, or by a change in my legal residence, then I direct that the foregoing provisions shall thereafter become applicable. In the event that applicable law requires that a power of attorney, in order to be legally classified as "durable" be filed in the office of the Recorder of Deeds or any other public or government office, then I direct that an executed counterpart of this power of attorney shall be so filed for record.

**THIRD PARTY PROTECTION:** MY attorney-in-fact acts in a fiduciary capacity and third parties who contract with, rely on, act at the request of or otherwise deal with my attorneys-in-fact shall have all the protection provided to third parties in the Uniform Health Care Consent Law and Uniform Multiple Persons Accounts Act as Published by the National Conference of Commissioners on Uniform State Laws, and the Missouri Non-probate Transfers Law, Missouri Durable Power of Attorney Law and Missouri Personal Custodian Law, all incorporated herein by this reference. Further, this durable power of attorney shall be good and binding as between myself, my heirs and estate, and third parties who have not received actual notice of its modification, termination, or my death. I agree to be bound by all my attorney-in-fact shall do and for myself, my heirs and estate, I will defend and indemnify third parties from all claims that arise by reason of reliance on this Durable Power of Attorney. In no event shall third parties have any duty to inquire into question the property of any act of my Attorney-in-Fact. A certified true copy of the Durable Power of Attorney is sufficient evidence of the authority herein granted.

**GIVING AND GRANTING** unto my attorney-in-fact general powers and authority to execute all documents, contracts and deeds; and to do and perform any and every act and thing whatsoever requisite, necessary or convenient to be done in and about the premises as fully and effectually, and to all intents and purposes, as I might or could do or cause to be done in my own person if personally acting. I hereby ratify and confirm all that my attorney shall do or cause to be done by virtue of this Durable Power of Attorney, and the acts of my attorney shall be binding on myself, my heirs and estate.

**SUBJECT TO** an initial letter of instructions and understanding of even date between me and my attorney-in-fact. These instructions impose no responsibility on third parties.

**TERMINATION:** The durable power of attorney has no stated date of termination.

THIS IS A DURABLE POWER OF ATTORNEY WITH GENERAL POWERS FOR ALL PURPOSES AND THE AUTHORITY OF MY ATTORNEY-IN-FACT SHALL NOT TERMINATE ON MY BECOMING DISABLED OR INCAPACITATED.

IN WITNESS WHEREOF, I set my hand this 27 day of March, 2006.

Juanita Dodson  
JUANITA DODSON

STATE OF MISSISSIPPI  
COUNTY OF Benton

On this 27 day of March, 2006, before me personally appeared, **JUANITA DODSON**, personally known to me to be the person who executed the foregoing Durable Power of Attorney as principle and acknowledged to me that she executed the foregoing instrument as her free act and deed for the purposes therein stated; and at the time of this acknowledgement she appeared mentally alert and of full mental capacity.

IN TESTIMONY WHEREOF, I have subscribed my name and affixed my official seal in the City and State aforesaid, on the day and year above written.

[Signature]  
NOTARY PUBLIC

My Commission Expires: Jan 7 2008



My Comm. Expires Jan 7, 2008

GENERAL POWER OF ATTORNEY

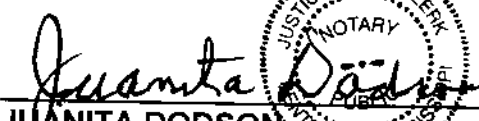
STATE OF MISSISSIPPI  
COUNTY OF BENTON

**KNOW ALL MEN BY THESE PRESENTS:** That I, **JUANITA DODSON**, whose address is Briarcrest Nursing Home, 16056 Boundary Drive, Ashland, Mississippi, 38603, hereby constitute and appoint **MALCOLM E. MANNING, III**, whose address is 3295 Marcia Louise Drive, Southaven, Mississippi, 38671, to act as my lawful and legal, Attorney-in-fact to act for me and in my name, place and stead and that each and every act and deed that my said Attorney-in-Fact performs for me and in my stead shall be as legal and binding on me as if I had performed such act or acts in my own proper person.

That my Attorney-in-fact, the said, **MALCOLM E. MANNING, III**, is by this instrument authorized and empowered to perform all acts and deeds that are authorized by the statutes of the State of Mississippi, and any other State or Territory of the United States.

This power of attorney shall not be affected by the subsequent disability or incompetence of the principal.

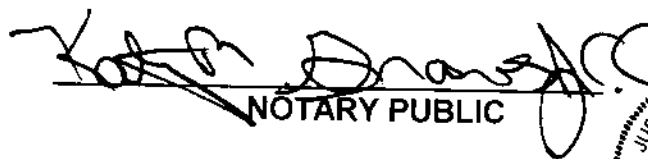
**WITNESS MY HAND AND SIGNATURE** on this the 27 day of March, 2006.

  
**JUANITA DODSON**  
 JUSTICE COURT CLERK  
 NOTARY  
 BENTON CO., MISSISSIPPI  
 My Comm. Expires Jan. 7, 2011

STATE OF MISSISSIPPI  
COUNTY OF BENTON

Personally appeared before me, the undersigned authority in and for the state and county aforesaid, the within named **JUANITA DODSON**, who acknowledged that she signed and delivered the within and foregoing General Power of Attorney on the day and date same bears, as and for her own free and voluntary act.

Given under my hand and official seal on this the 27 day of March, 2006.

  
NOTARY PUBLIC



My Commission Expires:

Jan. 7, 2008

My Comm. Expires Jan. 7, 2008

Prepared by:

Clay Horan

2620 Goodman Rd. W., Ste. A

Horn Lake, MS 38637

662-393-5520

Return to: Malcolm Manning

3295 Marcia Louise Dr.

Southaven, MS 38672

662-429-2491

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